



2666

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Serial No. Edwin KLINGMAN

Docket: 54208-35C1

09/387,938

Examiner: Abelson, Ronald

Filed: September 1, 1999

Art Unit: 2666

For: A TABLE DRIVEN CALL DISTRIBUTION SYSTEM FOR LOCAL AND
REMOTE AGENTS

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Box No Fee Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

JUL 29 2003

Technology Center 2600

AMENDMENT TRANSMITTAL

- Transmitted herewith are the following documents for the above-referenced application:
 12 Page Request for Reconsideration and Amendment under 37 C.F.R. § 1.111.

STATUS

- Applicant claims small entity status under 37 CFR 1.9(f) and 1.27(b).

EXTENSION OF TIME

- Applicant petitions for an extension of time under 37 CFR 1.136 for the total number of months checked below:

Extension (months)	Fee for other than <u>small entity</u>	Fee for <u>small entity</u>
<input type="checkbox"/> one month	\$ 110.00	\$ 55.00
<input type="checkbox"/> two months	\$ 410.00	\$205.00
<input type="checkbox"/> three months	\$ 930.00	\$465.00
<input type="checkbox"/> four months	\$1,452.00	\$725.00
		Fee \$0

- If an additional extension of time is required please consider this a petition therefor.
 Applicant believes that no extension of time is required. However, this conditional petition is hereby made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

CERTIFICATE OF MAILING (37 CFR 1.8(a))

I hereby certify that this paper (along with any referred to as being attached or enclosed) is being deposited on July 23, 2003, with the U.S. Postal Service as first class mail in an envelope addressed to: Mail Stop No Fee Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA, 22313-1450.

Date: July 23, 2003

Yvette Yurralde-Owen

FEE FOR CLAIMS

- The fee for claims (37 CFR 1.16(b)-(d)) has been calculated as shown below:

(Col. 1)	(Col. 2)	(Col. 3)	SMALL ENTITY	OR	OTHER THAN A SMALL ENTITY
Claims Remaining After Amendment	Highest No. Previously Paid For	Present Extra	Rate	Addit. Fee	Rate
Total 29	Minus *0*	34 = 0	x9=	\$0	x18= \$
Indep. *	5 Minus *0*	5 = 0	x42=	\$0	x84= \$
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM			+140=	\$	x280= \$
			TOTAL ADDIT.FEE	\$0	OR
					RECEIVED

- No additional fee for claims required.
 Total additional fee for claims required \$ _____.

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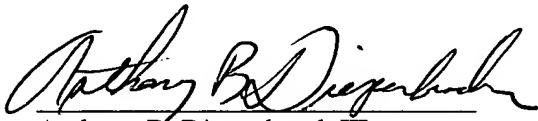
FEE PAYMENT

- Attached is a check in the sum of \$ _____ for additional claims fee.
 Charge Account No. 50-2778 the sum of \$0 for _____.

FEE DEFICIENCY

- In the event that: a) no check to cover the filing fee is enclosed, b) any above-referenced check is inadvertently omitted or lost, or c) any enclosed check is in an amount less than or greater than the required fee, the Commissioner is authorized to charge any required fees, additional fees, or credit any overpayment to Deposit Account 50-2778.
- Attached is a postcard for date-stamped return as confirmation of receipt of these materials.

Date: July 23, 2003


 Anthony B. Diepenbrock III
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Applicant: Edwin KLINGMAN Docket: 54208-35C1
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**REQUEST FOR RECONSIDERATION AND
AMENDMENT UNDER 37 C.F.R. §1.111**

Sir,

In response to the Office Action dated June 16, 2003, please amend the application and consider the remarks as provided herein.